

**DEVELOPMENTAL SERVICES**  
**APPLICATION FOR ANNUAL ROOM, BOARD, AND OCCUPANCY SUBSIDY**

Provider/Agency Name \_\_\_\_\_

Date \_\_\_\_\_

Provider/Agency Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Address of home requesting the subsidy \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Names of the home's current residents 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Annualized cost information for the current fiscal year:

1. Annual rent/mortgage \_\_\_\_\_

2. Heat \_\_\_\_\_

3. Depreciation\* \_\_\_\_\_

4. Electricity \_\_\_\_\_

5. Water/sewer \_\_\_\_\_

6. Basic phone \_\_\_\_\_

7. Food \_\_\_\_\_

\*Depreciation should be listed only if there is no rent or mortgage payment.

**A. SUBTOTAL: (1-7)** \_\_\_\_\_

Annualized income from Assistance programs:

1. Food Stamps \_\_\_\_\_

2. Fuel Assistance \_\_\_\_\_

3. Other \_\_\_\_\_

Total Annualized Assistance income: \_\_\_\_\_

Annualized Consumers' contributions: \_\_\_\_\_

**B. Annualized Income subtotal:** \_\_\_\_\_

**ANNUAL SUBSIDY REQUESTED** (Subtract line B from Line A) \$ \_\_\_\_\_

Signature of CEO or designate \_\_\_\_\_